



*BELCAMP RECREATION COUNCIL*

# **Soccer Clinic** **Spring - 2016**

## **REGISTRATIONS:**

**Church Creek Elementary School –**  
**Recreation Office**

**Wednesday, March 2 ~ 5:30 – 6:30 pm**

**Wednesday, March 9 ~ 5:30 – 6:30 pm**

## **AGE GROUPS OFFERED:**

■ **Ages 4-7**



**FEES: 4 - 7 year olds ..... \$75.00**

**SPACES ARE LIMITED.**

**FOR MORE INFORMATION,  
PLEASE CONTACT, *MIKE BROCKMEYER* 443-843-5123 or [sleepgeek32@aol.com](mailto:sleepgeek32@aol.com).**

Harford County Department of Parks & Recreation, Belcamp Recreation Council, Churchville Recreation Center • 410-638-3853  
Visit our Website at <http://www.harfordcountymd.gov/915/Belcamp-Recreation-Council>

Harford County Public Schools is not sponsoring, endorsing, or recommending the activities announced in this flyer/material.



*Barry Glassman*

Harford County Executive  
Preserving Harford's Past: Promoting Harford's Future

## Belcamp Recreation Council/Committee REGISTRATION FORM

**Participant Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Age Group:** \_\_\_\_\_

**School:** \_\_\_\_\_ **Male or Female (please circle)**

**Uniform Size Needed:** \_\_\_\_\_ **Played Before: Yes or No (please circle)**

**In Case of Emergency, Please Notify:**

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Any Physical Conditions or Allergies?** \_\_\_\_\_

\_\_\_\_\_

**Registration Fee: \$** \_\_\_\_\_

☐ **Ck#** \_\_\_\_\_ ☐ **Cash** \_\_\_\_\_

Please pay by check whenever possible.  
Make checks payable to Belcamp Recreation Council.